



FY 2008 *Preserve America*  
Historic Preservation Fund Grants to Preserve and  
Promote America's Heritage and Cultural Assets

APPLICATION FORM

Please follow the Guidelines and Application Instructions to complete this application. Please complete the SF424 Application for Federal Assistance, and note that some fields have been pre-filled and should not be changed. Applicants must submit one (1) signed original and seven (7) copies – a total of 8 – complete application packages, plus one (1) additional photocopy of this page. See additional mailing instructions on the last page of the application form.

**1. GENERAL INFORMATION**

Project Title (10 words or less) \_\_\_\_\_

Applicant Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) - FAX Number ( ) - E-mail \_\_\_\_\_

EIN Number: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Applicant's Congressional District(s) \_\_\_\_\_ U.S. Representative(s) \_\_\_\_\_

**Type of Applicant** (Select all that apply)

- ☐ *Preserve America* Community  
☐ *Preserve America* Neighborhood  
☐ SHPO

- ☐ THPO  
☐ CLG (must be in the process of applying for *Preserve America* designation or already designated)

**Project Category:** (Select only one)

- ☐ Research/Documentation  
☐ Interpretation/Education

- ☐ Marketing  
☐ Planning

- ☐ Training

**Amount Requested** Federal Share \$ \_\_\_\_\_

Matching Share \$ \_\_\_\_\_

Total Costs \$ \_\_\_\_\_

**Is your community in a designated National Heritage Area?**

☐ No ☐ Yes If so, which NHA \_\_\_\_\_

Does your community have an active grant or financial assistance through the NHA? ☐ No ☐ Yes

**Is your Resolution of Support included?** ☐ Yes ☐ No

(Note: all cities, counties, towns, neighborhoods, and THPOs must include a resolution of support from their city/town/county councils or appropriate governing body. A sample of this document is available on the NPS website.)

**Has your community received a Preserve America grant before?**

☐ No ☐ Yes If so, what is the status? \_\_\_\_\_

**SIGNATURE OF AUTHORIZING OFFICIAL** (Original copy must have an original signature and be in ink.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

## 2. PROJECT SUMMARY

### A. Briefly summarize your project emphasizing the primary objectives and results.

(Your summary must fit in the space provided. Use at least a 10-point font.)

## 3. PROJECT DESCRIPTION AND BUDGET

Applicants are strongly encouraged to provide answers in the spaces provided.

### A. Describe the historic resources affected by the project, including whether they are listed in the National Register of Historic Places and/or designated at the State or local level. Please explain how this project will aid in the preservation of the resources listed.

## B. Project Objectives

- [illegible]

- **Describe the public-private partnerships involved in the project and how these partnerships will sustain and support the resource(s) after the grant project is complete?** Describe/list all entities that are involved with, or affected by, the project. Attach evidence of involvement from partner organizations such as letters of support that specifically state confirmation of their contribution(s). See Supplemental Information in the guidelines for more information regarding partnership documentation.

PARTNER	CONTRIBUTION
•	
•	
•	
•	

- **Explain how the project will engage public involvement?**

- C. Project Activities** -- Describe the project activities necessary to achieve the Project Objectives? List and describe all tasks and products. All grant activities must be accomplished within the grant period (generally 1 to 2 years).

**D. Timeline --** Show a timeline for all of the above listed activities. The timeline may be attached as a separate page.

**E. Personnel & Consultant Qualifications --** List the project personnel that will administer and the types of consultants that will be hired to complete the project. Describe their responsibilities and the percentage of time each will dedicate to the project. Describe the criteria that will be used to competitively select consultants for their services. ***All Federal grants require consultants to be competitively selected*** (please see page 3 of the guidelines for more information).

**F. What are the sources of the non-federal match?**

List the **secured** sources and other funds associated with the required dollar-for-dollar non-Federal match, which can be cash, donated services, or use of equipment. Federal appropriations or other Federal grants may **not** be used for match, except Community Development Block Grants (CDBG) grants from the Department of Housing and Urban Development. All non-Federal matching funds must be used during the grant period to execute the project. If the match is **not secured**, explain how it will be raised.

**G. Budget --** Outline the project budget in the form below; add additional lines in a category as needed.

- All costs associated with the project must be eligible, reasonable, and directly relevant to the project.
- Each cost item must clearly show how the total charge for that item was determined (example: hours x hourly rate = total cost).
- All major costs must be listed, and all cost items should be explained in the narrative of the application.
- The budget must include at least the minimum required match (e.g., if applying for a \$30,000 grant, the budget must describe a total of \$60,000 in costs/work).
- All non-Federal match must be cash expended or services donated during the grant period (generally 1 to 2 years) and not before.
- If including indirect costs, please make sure to include documentation supporting your Indirect Cost Rate.
- If you have any questions about cost categories, or how to formulate some of your budget items, please email [NPS\\_PreserveAmerica@nps.gov](mailto:NPS_PreserveAmerica@nps.gov).

**1. Personnel.** Provide the names and titles of key project personnel. Include only the percentage of time used on the project. Please note that grant funds may not be used to pay Federal employee salaries, nor may Federal salaries be used as match/cost share. Please consult page 3 of the guidelines for more information on allowable personnel costs.

Name/Title of Position and % of time spent on this Project	Wage or Salary	Federal Grant Funds	Match /Cost Share (if any)	Total
	\$	\$	\$	\$
<b>Subtotal</b>		\$	\$	\$

**2. Fringe Benefits.** If more than one rate is used, list each rate and the wage or salary base.

Rate	Salary or Wage Base	Federal Grant Funds	Match / Cost Share (if any)	Total
% of	\$	\$	\$	\$
<b>Subtotal</b>		\$	\$	\$

**3. Consultant Fees.** Include payments for professional and technical consultants participating in the project. Please consult page 3 of the guidelines for more information on allowable consultant costs. Maximum hourly rates charged to this grant may not exceed 120% of the salary of a Federal Civil Service GS-15, Step 10, which in Fiscal Year 2008 was \$88.67 per hour or \$685 per day.

Name and Type of Consultant	# of Days	Rate of compensation or fixed rate for project	Federal Grant Funds	Match/Cost Share (if any)	Total
		\$	\$	\$	\$
<b>Subtotal</b>			\$	\$	\$

**4. Travel and Per Diem.** Indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs.

From/To	# of People	# of Travel Days	Subsistence Costs (Lodging and Per Diem)	Transportation Costs (Airfare and Mileage)	Federal Grant Funds	Match/ Cost Share (if any)	Total
					\$	\$	\$
<b>Subtotal</b>					\$	\$	\$

**5. Office Supplies and Materials.** Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$5000 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in Equipment - Category 6.

Item	Cost	Federal Grant Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
<b>Subtotal</b>		\$	\$	\$

**6. Equipment.** List all equipment items in excess of \$5000. Items worth less than \$5000 or that have a useful life of less than two years must be listed in Supplies and Materials - Category 5.

Item	Cost	Federal Grant Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
<b>Subtotal</b>		\$	\$	\$

**7. Other (specify).**

Item	Cost	Federal Grant Funds	Match / Cost Share (if any)	Total
	\$	\$	\$	\$
<b>Subtotal</b>		\$	\$	\$

**BUDGET SUMMARY**

Enter category totals here

Category	Federal Grant Funds	Match/Cost Share	Total
<b>1. Personnel</b>	\$	\$	\$
<b>2. Fringe Benefits</b>	\$	\$	\$
<b>3. Consultant Fees</b>	\$	\$	\$
<b>4. Travel and Per Diem</b>	\$	\$	\$
<b>5. Supplies and Materials</b>	\$	\$	\$
<b>6. Equipment</b>	\$	\$	\$
<b>7. Other</b>	\$	\$	\$
<b>TOTAL PROJECT COSTS</b>	\$	\$	\$



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name:		<b>Organizational Unit:</b>		
		Department:		
Organizational DUNS:		Division:		
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
Street:		Prefix:	First Name:	
City:		Middle Name		
County:		Last Name		
State:	Zip Code	Suffix:		
Country:		Email:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> □□-□□□□□□□□		Phone Number (give area code)		Fax Number (give area code)
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)  Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE (Name of Program): □□-□□□□		<b>9. NAME OF FEDERAL AGENCY:</b>		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
Start Date:	Ending Date:	a. Applicant		b. Project
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ . <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ . <sup>00</sup>	DATE:		
c. State	\$ . <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ . <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ . <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ . <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
g. TOTAL	\$ . <sup>00</sup>			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix	First Name		Middle Name	
Last Name		Suffix		
b. Title		c. Telephone Number (give area code)		
d. Signature of Authorized Representative		e. Date Signed		

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </div> <div style="width: 45%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization </div> </div>	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: <ul style="list-style-type: none"> <li>"New" means a new assistance award.</li> <li>"Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>"Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter:  <div style="display: flex; justify-content: space-between;"> A. Increase Award C. Increase Duration </div> </li> </ul>	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

**Applications must be received by 5:00 pm Eastern Standard Time,  
Monday, June 30, 2008.  
This is NOT a postmark deadline.**

**APPLICATION SUBMISSION**

Applications must be submitted in hard copy. Faxed applications and applications submitted electronically will not be accepted. Applications not received by the deadline and incomplete applications will not be considered. Additional materials sent separately from the application will not be considered part of the application and will not be included in evaluation of the application.

Application materials will not be returned. All application materials, including photographs, become the property of the National Park Service and may be reproduced by NPS or its partner organizations without permission; appropriate credit will be given for any such use.

**YOU MUST SUBMIT:**

- (1) original and seven (7) copies – a total of 8 – complete application packages (preferably double-sided).
- One (1) additional photocopy of page one of the application.
- Page one of the application must be the first page in the original and copies. Do not use other cover pages.
- The original must be secured with a binder clip.
- Each copy must be **securely** held together with a staple or binder clip; do **not** use pocket folders, notebooks, or ring binders.

**A complete application package includes:**

- Application on 2008 form.
- SF 424 Application for Federal Assistance
- Authorizing Official signature.
- Timeline for project completion.
- Detailed budget.
- Resolution of Support.
- Necessary supplemental information to explain the project (photographs, maps, documentation of public/private partners, etc.)

**PLEASE NOTE - Applications should not be submitted through the US Postal Service. All US Postal Service mail to Federal agencies in Washington, D.C. is irradiated, which can damage or destroy materials and lead to a delay in delivery. You must submit your application via an alternate carrier.**

**SEND APPLICATIONS TO:**

(Please address **ALL** support letters to the address below, attn: Hampton Tucker; Chief, Historic Preservation Grants Division – they must accompany the grant application or they will **NOT** be considered)

*Preserve America Grants  
National Park Service  
1201 "Eye" Street, NW  
6<sup>th</sup> Floor (ORG. 2256)  
Washington, DC 20005*

**Applications must be received by 5:00 pm Eastern Standard Time,  
Monday, June 30, 2008.  
This is NOT a postmark deadline.**

**For more information please contact the National Park Service at:  
(202) 354-2020**

nps\_preserveamerica@nps.gov  
www.nps.gov/history/hps/hpg/preserveamerica